SCHOOL NURSE PROGRAM EVALUATION TOOL



TABLE OF CONTENTS

I.	Immunization Policy and Practice	3
II.	Infectious/Communicable Disease Control	5
III.	Special Health Care Needs	6
IV.	Emergency Procedures	8
V.	Environment	10
VI.	Administration of Medications	11
VII.	Screening Procedures	13
/III.	Confidentiality Procedures	14
IX.	Coordinated School Health	15
Χ.	Mental Health	16
XI.	Health Appraisal Procedures	17
XII.	Health Office	18
KIII.	Data	20
Ν.	School Nurses	21
XV.	School Health Promotion	23
۷۱.	School Nurse Service Program	2

IMMUNIZATION POLICY AND PRACTICE			
CATECODY	STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
IMMUNIZATION STATUS	 □ Verbal statements (e.g., by parents, physician offices) or non-healthcare provider records are accepted as proof of immunizations. □ Students at secondary grade levels are out of compliance with Tdap and Varicella requirements. □ Immunization waivers are issued w/o proper documentation. 	 □ The students' cumulative health record along with the original copy of all immunization records contains the required certificates of proof of immunization or legitimate medical or religious exemptions. □ A list that identifies students who are susceptible to vaccine preventable disease(s) is readily accessible in the event of an outbreak. □ Provider diagnosis of disease is accepted as proof of immunization for requirements for measles, mumps and Varicella only. □ Serological evidence of immunity is accepted only for measles, mumps, rubella, Hepatitis B and Varicella. □ Students are tracked by school nurses to ensure immunization compliance at all grade levels. 	 Immunization records are computerized on a secure system to monitor the immunization status of each student. Health office staff access immunizations through the Michigan Care Improvement Registry (MCIR) as needed. Letters are sent at the beginning of each school year to inform parents of students with immunization exemptions that their child may be excluded in the event of a vaccine preventable disease outbreak. School nurses are involved with the exclusion process for students out of compliance with immunizations.
IMMUNIZATION RECORDS	 New entrant, transfer, preschool, kindergarten, and students entering the 6th grade records are sent for and/or reviewed after starting school. Original immunization records from providers are not kept on file. Immunizations are recorded with only month and year even though complete information including day when vaccine was administered is available. 	 Per MCL 333.9208 immunization records of new entrants, transfers, preschool, kindergarten and students entering the 6th grade records are reviewed at registration and/or prior to starting school. Original provider records of immunization (or MCIR record) are retained as a part of the student's health records as required by the MDCH. The list that identifies students who are susceptible to vaccine preventable disease(s) is readily accessible in the event of an outbreak. Immunizations are recorded in a month/day/year format whenever possible. 	Immunization information is charted on the cumulative record or recorded in the student's computerized health record prior to entry to school.

IMMUNIZATION POLICY AND PRACTICE (continued)				
CATECODY		STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
WRITTEN IMMUNIZATION POLICIES	Policies are not available or easily accessed in the district. Policies do not include procedures for counseling, referral, monitoring, exclusions, record retention and re-admissions of students.	 Policies include procedures for counseling, referral, monitoring, exclusions and readmission of students. Policies include record retention information. Policies are included in the school district's total plan for the control of communicable disease. 	 Policies are reviewed and revised through active collaboration (e.g. administration, school nurses, healt department, and parent advisory board). 	

INFECTIOUS/COMMUNICABLE DISEASE CONTROL				
CATEGORY	STATUS OF PROGRAM			
OATEOORT	Does Not Meet Standards	Meets Standards	Best Practice	
EXPOSURE CONTROL PLAN (ECP)	☐ The school district(s) do not have a written plan of the tasks, procedures and job descriptions for occupational exposure to body fluids.	 □ A written ECP is established and is in compliance with the MIOSHA Blood Borne Pathogen Standards. □ Education and training is based on the educational, literacy and language levels of all employees. □ A written respiratory protection plan is in place according to OSHA standards. □ Records of staff training are maintained. 	 Health services personnel collaborate with school administrators and other staff to review and revise the ECP on a regular basis. Health services staff are fit tested annually and routinely use respiratory protection equipment as needed. 	
INFECTION CONTROL & UNIVERSAL PRECAUTIONS	 Infection control/universal precaution procedures (e.g., hand washing, cleaning techniques, and wearing gloves) are not followed by students and staff. No policies exist for BBP. No policies exist for management of communicable disease and the exclusion of students in school. 	 □ Policies and procedures require staff compliance with universal precautions and other applicable health and safety standards. □ Policies and procedures exist regarding management of infectious diseases in the school setting (i.e., chicken pox, measles, and meningitis), including student exclusions and parent notification. □ All school staff use appropriate infection control/universal precaution procedures for injuries/accidents involving body fluids. □ School nurses provide information and health counseling regarding infectious diseases to staff, parents and students. 	School nurses collaborate with administrators, students, parent advisory council and community agencies for the planning and management of the infectious disease program.	
STAFF EDUCATION	☐ The school district has not provided or made available infection control/universal precautions/"right-to-know" materials.	District policies ensure that all school staff, including part-time employees and substitutes, receive annual in-service education on infection control/universal precautions/"right-to-know".	Evaluation is conducted to determine whether educational programs produce significant changes in the attitudes, understanding and behaviors of the staff in regards to health.	

SPECIAL HEALTH CARE NEEDS			
CATECORY		STATUS OF PROGRAM	
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
DEVELOPMENT OF INDIVIDUALIZED HEALTH CARE PLANS (IHP)	☐ Individualized health care plans are not developed for students with complex health conditions or those who need a modification in the school environment.	 School nurses develop IHP or utilize standardized health care plans for students with complex health conditions and/or those who need modification in the school environment; these serve as a guide for health teaching and counseling. The IHP is developed collaboratively with information from the family, the student, the student's healthcare providers, and school staff, as appropriate. The IHP includes medical orders implemented at school. Evaluation identifies progress toward achieving student outcomes. 	Active collaboration among school nurses, staff, administrators, parents and students occurs to facilitate the student's health plan.
IHP PROCESS	☐ Health history data, special health care needs and interventions are identified minimally and sporadically on the cumulative health record.	 □ The cumulative health record is thorough and complete and identifies health history data, special health care needs and interventions. □ The IHP includes student history, assessment, diagnosis, goals and interventions. □ The IHP is reviewed at least annually, updated as needed and revised as significant changes occur in the student's health status or medical treatment. 	☐ The evaluation and revision of the IHP is ongoing.
IDENTIFICATION OF STUDENTS AND NEEDS	 □ The Committee on Special Education (CSE) or the 504 Committee identifies students without input by school nurses. □ The school nurse develops a health plan without consulting the CSE or 504 Committee. 	□ School nurses develop the health component of the Individualized Educational Program (IEP), and actively participate on the CSE and 504 Committee.	☐ The school district accesses Medicaid or other insurers for skilled nursing services pursuant to the student's IEP.

SPECIAL HEALTH CARE NEEDS					
CATECODY		STATUS OF PROGRAM			
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice		
NOTIFICATION OF STUDENTS	☐ School nurses are notified about students with special health care needs after enrollment.	 School nurses are notified about health care needs prior to a student's entry into school. Ongoing communication with parents and healthcare providers includes telephone calls, team meetings, written communication and home visits. 	Active collaboration occurs and is ongoing to meet needs of students with disabilities (e.g., transportation, adaptive equipment and teaching modifications).		
STAFF DEVELOPMENT PROGRAMS	 □ Staff development does not include information related to special health care needs. □ Staff working with special needs students (minimum of three) are not trained. □ Training of staff is not documented. 	 □ The school district provides annual staff development programs that are research based, presented by qualified personnel for emergency and first aid procedures for special health care needs of students. □ Staff working with individual special needs students (minimum of three) are trained on responsibilities and care of those students. □ Staff training is documented and updated on a scheduled basis. □ The school district provides annual staff development programs on the relationship between children with special health care needs and child abuse including issues regarding mandated reporting. 	 Educational programs are evaluated to determine whether there are significant changes in the attitudes, understanding and behaviors of the staff. School nurses identify most current trends in student health issues to guide district planning for general staff development programs. 		

EMERGENCY PROCEDURES			
CATECODY	STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
EMERGENCY PLAN (STUDENTS/ STAFF)	□ Steps for the management and transportation of ill/injured students/staff are not developed.	 □ Clear direction for implementation of health services related to the management and transportation of ill/injured students/staff is provided. □ School nurses are part of the school safety team (e.g. health services, school health advisory board, administrators and community health agencies) and are involved in development and annual review of the Emergency Response Plan. □ Students, parents and school staff are knowledgeable about the school's policies and procedures for emergency care. 	□ There is a mechanism for the school nurse to meet annually with the community Emergency Response Services team/department to evaluate emergency response at the school and make improvements in the process.
DISASTER PLAN	 ☐ A disaster plan is not formulated and/or does not provide specific actions to follow during a disaster. 	 Policies, procedures and action plans are developed. The disaster plan is reviewed and updated annually through active collaboration. Students, parents and school staff are knowledgeable about the school's emergency disaster policies and procedures. School registered nurses are involved with disaster plan development and review. Plans for students with physical or chronic health concerns are written in case of disaster. 	□ Evacuation drills are carried out and evaluated on an ongoing basis.
CURRENT CERTIFICATION (AED & CPR)	□ First-aid and CPR/AED training are not required for the school nurse.	 □ CPR/AED training is required for the school nurse and offered to school staff. □ At least one trained staff member is available in the school each day and at all school events. 	 Multiple staff members in the school are trained in first-aid and CPR/AED. Trained staff members have formed a school emergency response team. The school emergency response team has mock practice sessions annually at which time the plan is re-evaluated and revised accordingly.

EMERGENCY PROCEDURES (continued)				
CATEGORY		STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
COMMUNICATION OF AN EMERGENCY	☐ There is no communication system to alert the school nurse to an emergency.	 □ A public address system (e.g., intercom, pager, phone) to contact appropriate staff is in place. □ Emergency phone numbers are posted near school phones and kept current. □ Written first-aid procedures are prominently displayed in the designated high risk/hazardous areas (e.g., health office, food service area, maintenance department). 	 □ An emergency communication plan has been established to contact appropriate district staff and/or supportive agencies outside of the school environment, should additional assistance be necessary. □ An alternative communication system is in place (i.e., use of walkie talkies) in case phone lines are down or unavailable. 	
EMERGENCY INFORMATION CARDS	Home/work telephone numbers for parents and name/telephone numbers of persons to contact when parents cannot be reached are not current.	 Emergency information is maintained for all students and is: Readily available to the school nurse Reviewed annually Revised immediately when changes occur Individual emergency plans are in place for students and staff with potential emergency health needs. 	☐ Instructions for emergency care of students and staff are reviewed with designated first-aid providers.	
SAFETY	□ Staff, students and parents are not provided with instructions for reporting accidents/injuries.	 □ Reports are completed for all serious accidents/injuries and filed according to school district policy. □ A safety committee is in place and focuses on prevention, education, provision of emergency care and evaluation. School nurses actively participate on the safety committee. 	Recommendations from the safety committee lead to policy revisions for injury prevention and health promotions.	

	ENVIRONMENT		
CATECORY		STATUS OF PROGRAM	
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
SCHOOL ENVIRONMENT	 Policies and procedures for environmental issues are not developed. The school environment is not inspected on a regular basis. 	 □ Policies and procedures are in place to address environmental issues. □ Inspection of buildings, grounds, facilities, equipment and programs occur on a regular basis. □ School nurses provide health counseling/education to staff and students about environmental health issues. □ A system is in place to address concerns/issues about air quality and other environmental issues. 	 □ Active collaboration and coordination occurs among health services, health education and environmental services to promote a safe and healthy environment for students and staff. □ The school environment is continually assessed for factors that can negatively impact health in the school setting including sound, odor, chemicals, mold, noise, and light. □ Promotion of the judicious and appropriate use of products used in the school setting such as cleaning agents, building materials, and pesticides.

ADMINISTRATION OF MEDICATIONS			
CATECODY	STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
POLICIES AND PROCEDURES	 Policies are not available for prescription, non-prescription medications and/or herbal or complimentary medication preparations. School community members are not aware of medication administration procedures. No policy has been established for dealing with medication errors. 	 □ Policies are written for prescription, non-prescription (over-the-counter), herbal or complimentary preparations and emergency medications as a part of a secure, easy to understand and safe delivery system. □ Policies and guidelines can be easily accessed by staff and substitute nurses. They are communicated to parents, school staff, students, parents and healthcare providers. □ District establishes a protocol for managing medication errors. 	☐ The school nurse actively collaborates with the school health council/wellness committee and administrator to review and revise policies and procedures.
SCHOOL NURSE RESPONSIBILITIES	 □ The medication program is managed by the school principal, unlicensed personnel or licensed practical nurse. □ Staff is not offered training or guidance related to medication administration. 	 □ The medication program is managed and supervised by school nurse (RN). □ Licensed practical nurses perform nursing activities under the direction of a registered nurse (RN). □ The school nurse provides and documents adequate in-service education for staff administering medications and performs skills checklist periodically throughout the school year. □ Documentation of all medications administered in medication log and cumulative health record is assured regardless of what staff is administering the medications. 	☐ See "meets standards."
RESPONSIBILITIES TO THE STUDENT	 □ School nurses do not call or locate students if they do not report for medications. □ School nurse does not communicate with parent if medication is not given that day. 	 □ School nurses call and try to locate students who do not report for medications and work with the student and family in situations of such chronic issues. □ School nurses counsel and educate students about their medications. □ School nurses communicate with students who self-administer their medications. 	☐ Health services personnel work towards encouraging students to become self-directed.

ADMINISTRATION OF MEDICATIONS (continued)				
CATEGORY STATUS OF PROGRAM CATEGORY Most Standards Most Standards Professional Pro				
CATEGORI	Does Not Meet Standards	Meets Standards	Best Practice	
PROCEDURE FOR ADMINISTRATION	 Parents come to the health office with student medications without written physician orders. 	 Proper procedure for administration of all types of medication is ensured. The written physician order, parent permission and medication log are maintained for student receiving medication. Students, parents and staff are knowledgeable about the school's medication procedures. 	 Health services personnel collaborate and coordinate with parents, staff and the provider to address the changing health and education needs of students. 	
DELIVERY OF MEDICATIONS	☐ Students carry and deliver medications to the school health office.	 Medications are delivered by parents directly to the health office in original, labeled containers. For controlled substances, the school nurse counts the medications upon receipt from parents and daily thereafter. The parent is given a receipt for the medication. 	A system, supported by policy, is established for the delivery, handling and disposal of medications that is safe and conducive for staff, students and parents.	
STORAGE OF MEDICATIONS	☐ Medications are routinely placed in the school nurse's mailbox or in an unlocked desk.	 Medications are stored in a double-locked cabinet or drawer, preferably a non-movable cabinet (e.g., securely anchored to a solid surface) in the health office. Medications requiring refrigeration are stored in a secure area with a lock on the refrigerator. The refrigerator is only used for medications. Medications not picked up by the parent/guardian are disposed of per MASN "Medication Administration For Unlicensed School Personnel" guidelines. Sharps are disposed of according to OSHA guidelines. Access to stored medications is limited to persons authorized to administer medications. 	☐ Medications that need to be disposed of are witnessed and documented by two school employees.	

	SCREENING	PROCEDURES		
CATECORY		STATUS OF PROGRAM	ROGRAM	
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
SCREENING PROGRAMS	 Students are not screened according to required schedules. Students with identified concerns are not screened. 	 ☐ Health screening activities are conducted according to current professional standards of practice, school district policies and procedures, and legal mandates. ☐ School nurses communicate with families to provide advance notice of screening activities, to provide notice of findings requiring further action, and to ascertain the status of referrals. ☐ School nurses monitor students for compliance to enter kindergarten, as all children are required to have a vision screening. Each parent/guardian must submit evidence that their child entering kindergarten has had a vision SCREENING or submit a waiver because of religious reasons. 	School nurses review the health screening program annually with school staff, school and health department administrators and staff performing the screenings to provide continuous improvement.	
SCREENING FOLLOW-UP PROCEDURES	 □ Parents are not notified about screening results. □ No follow-up is done for students who fail screening. 	 Parents are notified in writing of screening results and need for follow-up screening with health provider. Follow-up procedures are in place to ensure students receive appropriate vision/hearing care. 	 Specific recommendations or accommodations are made by school nurses to teachers and other staff for specific students. 	
SCREENING EQUIPMENT AND SPACE	☐ Testing equipment/charts are outdated and/or in poor condition (e.g., frayed cords, missing parts).	 □ Approved vision testing equipment/charts and hearing equipment are utilized. □ School nurses and others are trained in the proper maintenance and use of vision testing equipment, eye charts and hearing screens. □ Appropriate space is available for screening (e.g., students are not distracted by other students in the office, student confidentiality is maintained). □ The audiometer used for hearing screening meets the standards by the American National Standards Institute (ANSI), and is calibrated on an annual basis. 	 □ Screenings are performed individually in a separate room free of visual and auditory distractions. □ Screenings are performed in a sound proof examination room. 	

CONFIDENTIALITY PROCEDURES			
CATECORY		STATUS OF PROGRAM	
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
CONFIDENTIALITY OF RECORDS	□ Records are maintained in unlocked file cabinets.	 Records are maintained in a confidential manner in compliance with FERPA law and district policy. An Access Log must be signed by anyone other than the nurse to access student records. School health information is shared with personnel of cooperating agencies only with written parental consent and on a HIPAA compliant form. 	□ See "meets standards."
CONFIDENTIALITY IN COMMUNICATIONS	□ Students are "called down" over a PA system to the health office. □ Students' health concerns are discussed in public areas, faculty lounges, or in presence of volunteers.	 Sharing individual student health problems are based on the "need to know" and respectful of the individual's right to privacy. A policy is in place regarding confidentiality of student records and communications. Confidentiality policies and procedures include consequences for school nurses and school staff who fail to act according to policy and procedure. All school nurses receive orientation and annual training regarding confidentiality and school nurses contribute to staff education programs and general school awareness. Student and family information is shared among school personnel only as needed for the benefit of the student; informed written consent of the student or parent is obtained before sharing specific medical diagnoses and related information (e.g., HIV status of a student). 	Resources to assist with confidentiality issues (e.g., supervisors, outside experts, written guidelines) are available and appropriately accessed by school nurses and assistive personnel. All school staff receive orientation and annual training regarding confidentiality.

	COORDINATED SCHOOL HEALTH			
CATEGORY	STATU	JS OF PROGRAM		
CATEGORT	Does Not Meet Standards	Meets Standards	Best Practice	
COORDINATED SCHOOL HEALTH (CSH) TEAM	 □ A CSH team does exist at the school district or individual school level. □ School health services is not an integral partner in the CSH team. 	 □ A CSH team exists at the school district or individual school level. □ School nursing is an integral partner in the CSH team. □ The school nurse participates in CSH team meetings and activities. 	 □ The school nurse leads the CSH team on certain projects or initiates projects. □ The team has a mechanism to evaluate team cohesiveness. 	
CSH ACTIVITIES	 The CSH team has not initiated any policies or projects to promote CSH. School staff and parents are unaware of what CSH is. CSH is not supported by school administration. 	 □ The CSH team has initiated policies and projects to promote CSH (e.g., intentional and unintentional injuries, sexual risk behaviors, alcohol/drug use, tobacco use, physical inactivity, obesity prevention, asthma, sun safety). □ School staff and parents are aware of what CSH is. □ CSH is supported by school administration. 	□ Data is collected and evaluated by the CSH team to determine student needs and from which policies and activities are determined.	

	MENTAL HEALTH			
CATEGORY		US OF PROGRAM		
CATEGORI	Does Not Meet Standards	Meets Standards	Best Practice	
SCREENING	 Depression screening (if a program goal) is not done. Data is not gathered or evaluated regarding student's mental health needs. 	 Depression screening (if a program goal) is done at scheduled intervals or as needed. Data is gathered or evaluated regarding student's mental health needs. Screening guidelines follow national standards (or evidenced based program). 	□ School nurses lead or participate in committees who review mental health screening policies and procedures.	
PREVENTION AND OTHER ACTIVITIES	 □ A referral process is not in place for students with identified mental health needs. □ School nurses do not address mental health needs of students. □ Policies and activities are not in place to address bullying and school climate. 	 □ A referral process is in place for students with identified mental health needs and school nurses are aware of resources. □ Policies and activities are in place to address bullying and school climate. □ The school nurse's role in addressing mental health needs is clearly established and understood. □ The school nurse actively participates in bullying prevention activities and programs and promotes positive school climate. 	 □ The school nurse works as an integral member of the school team to address student's mental health needs. □ School nurses develop resources for student's mental health needs. □ School nurses work with health care providers, families and students to support their plan of care and success at school. 	

	HEALTH APPRAISALS PROCEDURES			
CATECORY		STATUS OF PROGRAM		
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
STUDENT HEALTH APPRAISALS	 Required physical examinations for pre-school or school entry are not monitored for compliance with recommended mandates. 	 Physical examinations for pre-school or school entry are monitored for compliance with recommended mandates. 	 School nurses actively collaborate and coordinate with health care providers, staff, student, and family to determine the actual or potential impact of the student's health on the student's education. 	
HEIGHT AND WEIGHT MEASUREMENTS	☐ If BMI is a program goal, height and weight measurements are not routinely performed on students.	 Accurate height and weight measurements are performed on students as directed by the program. BMI are collected. Parents are involved, educated and in agreement with the height/weight and BMI screening program. 	☐ School nurses actively collaborate and coordinate with nutrition services, physical education and health education to develop and implement health promotion strategies.	
STUDENT ATHLETIC PARTICIPATION	 No policy is in place requiring students to have a health appraisal/certificate prior to participation in sports. No policy is in place for sharing information between the school nurse and the athletic department. 	 A policy is in effect that meets Michigan standards for participation in the interscholastic sports program. Trainers, coaches and health educators actively collaborate with school nurses. Trainers, coaches and school nurses are in compliance with CPR/AED training. 	 □ The district has a head injury program in place for student athletes and that meets national standards. □ School nurses provide health counseling to prevent sports injuries. □ First Aid procedures are consistent for school nurses and athletic trainers. 	

	HE	EALTH OFFICE	
CATEGORY	STATUS OF PROGRAM		
CATLOOKI	Does Not Meet Standards	Meets Standards	Best Practice
HEALTH OFFICE ENVIRONMENT	 □ Basic elements of heat, water, telephone, toilet and sink facilities are not available. □ The American with Disabilities Act (ADA) guidelines for accessibility are not followed. □ Hand washing area and water supply is located outside of the health office. 	 □ Facilities provided for school nurses meet legal requirements (e.g., fire and health codes, Americans with □ Disabilities Act, Occupational Safety and Health Administration (OSHA) regulations), and ensure adequate office space, privacy, and access to adequate telecommunication equipment for routine and emergency use. □ Basic elements of heat, water, telephone, toilet and sink facilities are available. □ The ADA guidelines for accessibility are followed. □ Available space allows for student privacy, waiting, triage, assessment, treatment, counseling, and storage. 	☐ A resource area is available for health promotion materials.
WORKSPACE	□ Workspace for clean and dirty procedures is not available.	 Workspace for clean and dirty procedures is provided to maintain an appropriate level of sanitation. A first-aid station with eye wash capability is available. 	☐ The overall environment of the health unit is conducive to enhance the well-being of each student.
SUPPLIES, EQUIPMENT & RESOURCES	□ Supplies, calibrated equipment and educational resources are inadequate to meet the health needs of students and staff.	□ Supplies, equipment and educational resources are available for safe school nursing practice (e.g., appropriate size blood pressure cuffs, up-to-date references, drug management and communicable diseases).	□ Supplies, equipment and educational resources are available to enhance the student's education (e.g., posters, anatomical models and/or videos etc.).

	HEALTH OFFICE (continued)			
CATECODY	STATUS OF PROGRAM			
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
RECORD KEEPING POLICY	☐ There is no written policy on student health record maintenance and retention.	 □ The school nursing program has clearly written policies and procedures about the types of individual student health records maintained by school nurses, where they should be kept, and how they should be securely protected. □ A system is in place for students new to the district and for transfer students to be identified and their records established or transferred from the previous school. □ Records are maintained in a safe location for the time frame required by the Michigan Department of Education. □ Data used in reports/statistics is never specific to a student and does not contain any identifying information. 	 ☐ A secure computerized data management system is in place for planning, implementing and evaluating the health of school populations. 	
RECORD CONTENT	 □ Pertinent student information is incomplete on the health record. □ Records are not kept up-to-date. □ Records are not maintained after student leaves the school. □ Health services (e.g., medication administration, first aid) provided by staff other than the school nurse is not documented. 	 □ The record keeping system for each student includes the cumulative health record, nursing records and medical/hospital records provided to the school. □ Each student visit is recorded on an individual student record form. □ The record keeping system is reviewed periodically. □ The nature and extent of documentation in student health records is guided by what is necessary and sufficient to inform and support professional decision making. 	 School nurses participate in the development of new record forms. School nurses periodically train unlicensed school staff in appropriate documentation. Records are routinely audited. 	

DATA					
CATEGORY	CATEGORY STATUS OF PROGRAM CATEGORY Decay Manda Consideration Manda Consideration Decay Properties				
OATLOOKI	Does Not Meet Standards	Meets Standards	Best Practice		
DATA COLLECTION	 Data is not gathered regarding student's health needs or school nurse activities. Data is collected but not electronically. School nurses are not oriented to data collection procedures or to the importance of data. School nurses do not share data with their school administrators. 	 Data is gathered regarding student's health needs or school nurse activities using MiPHY data, school climate surveys and health condition data. Data is collected electronically. School nurses are oriented to data collection procedures and the importance of data. School nurses routinely share data with their school administrators. 	□ School nurses share data on their activities with faculty, parents and school boards as appropriate. School nurses initiate data collection based on an identified need.		
EVALUATION	 □ Data is not evaluated. □ No program outcome measures have been established. □ An annual report of the school nurse program that demonstrates the SN activities, identified student needs and program accomplishments based on data is not provided. 	 Data regarding student's health needs or school nurse activities is evaluated using MiPHY data, school climate surveys and health condition data. An annual report of the school nurse program that demonstrates the SN activities, identified student needs and program accomplishments based on data is provided. This report is used to evaluate the program's needs and to provide continuous improvement to the services provided. 			

	SCHO	OOL NURSES		
CATEGORY	TEGORY STATUS OF PROGRAM			
	Does Not Meet Standards	Meets Standards	Best Practice	
ROLES AND RESPONSIBILITIES OF PERSONNEL	 □ School nurses have responsibility for non-nursing functions (e.g., attendance, free lunches). □ School nurses do not have a job description. 	 Job descriptions, including supervision and evaluation relationships, are available for all health services personnel (e.g., school physician, LPN, RN, health aides). Written policy describes role of school nurse, student nurses and other school health personnel. School nurses interpret their roles to school personnel so that their professional knowledge and competencies are understood, respected, and effectively used. 	☐ School nurses are actively involved in the development, evaluation and revision of job descriptions.	
ORIENTATION, SUPERVISION AND EVALUATION OF PERSONNEL	 □ Orientation of school nurses is not provided. □ Orientation is only provided at the beginning of the school year. Staff hired after the beginning of the school year do not receive orientation. 	 □ School nurses are oriented to the health services program and the educational system. □ Substitute nurses are oriented to each school building. □ School nursing personnel are provided with sufficient administrative and clinical supervision. □ Clinical supervision and consultation, provided by the School Nurse Program Manager, a credentialed registered nurse professional with school nursing expertise, are available to all school nurses. □ Evaluation of individual school nurses on discipline-specific clinical competencies is conducted systematically and only by a supervisor with credentials and expertise in school nursing. 	 □ A collaboration to review and evaluate the roles and responsibilities of school nurses occurs on a regular basis. □ Develops Substitute Manual for orientation of all substitute nurses. □ Develops and revises the district's performance appraisal process and mentors others in self- and peer evaluation. Uses standardized Performance Tool that incorporates NASN standards. 	
PROFESSIONAL STANDARDS	☐ A school district does not employ a registered nurse to provide health services.	 □ The school district employs school nurse(s) (registered, professional nurse) to manage and provide health care services to students and staff. □ Any licensed practical nurses (LPN) are under the direction of the school nurse. □ All health aides are under the direct supervision of the school nurse. □ A mechanism exists to evaluate health services staffing patterns based on individual student needs and number of students with special health care needs, number of buildings/distance and/or travel time between buildings. □ All school nurses are state certified. 	 □ Nursing staff patterns have been adjusted to accommodate student health care needs. □ LPN staff are under the direct supervision of the school nurse. 	

	SCHOOL NURSES (continued)				
CATEGORY	CATEGORY STATUS OF PROGRAM				
	Does Not Meet Standards	Meets Standards	Best Practice		
ABSENTEEISM OF PERSONNEL	□ No plan is in place for absenteeism of staff that are providing health services.	 Equally qualified substitutes (e.g., RN for RN) are utilized when school nurses are absent. Substitutes that are utilized are oriented to policies and procedures of the health office. 	 The standard level of care provided to students and staff is maintained when substitutes are utilized. A School Nurse Substitute Manual has been developed and contains recommendations that represent best practice. 		
ONGOING PROFESSIONAL PREPARATION	□ Basic standards for licensing are not met.	 □ Participation in educational activities includes attendance at in-service meetings, conferences, workshops and/or conventions. □ Health service personnel are members of a county listserv or email distribution list and receive information from program management immediately. 	 ☐ Health services personnel participate in a leadership role within educational activities or professional organizations. ☐ School nurses are actively involved in professional organizations and subscribe to professional journals. ☐ School nurses are encouraged and supported to seek national certification. 		
CONTINUING EDUCATION	☐ The school district encourages health services personnel to attend continuing education programs only during the summer, evenings and/or on weekends.	 □ The school district actively supports the educational needs of school nurses (e.g., financially, providing substitutes, release days). □ Information and methods learned at educational activities are incorporated into the health services program. 	 □ School nurses' expertise is utilized throughout the school district (e.g., classroom, committees) to improve student health and educational standards. □ Licensed health personnel actively seek further professional development to keep skill levels and knowledge base current. 		

	SCHOOL	HEALTH PROMOTION		
CATEGORY	STATUS OF PROGRAM			
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice	
HEALTH PREVENTION AND PROMOTION ACTIVITIES	□ School nurses provide limited health prevention information or activities. □ School nurses provide students and staff with health promotion information on a limited basis.	 School nurses disseminate information about health practices and behaviors that promote educational success, and risk factors that adversely affect educational success. School nurses collaborate with other school personnel, families and community agencies to monitor the development and educational progress of students exposed to risk factors. School nurses act as a resource to school personnel so that health promotion strategies are incorporated into the classroom setting with a focus on keeping students in school. School nurses are consulted on a regular basis to address school needs. 	 □ School nurses participate on school-wide, district or community groups to promote health. □ School nurses support and, when appropriate, provide leadership for community and school health programs that promote wellness, reduce risky behaviors and improve school climates (e.g., substance abuse, child abuse, suicide, choosing healthy lifestyles). □ School nurses provide wellness activities and information (e.g., newsletter articles, presentations to PTAs, faculty and health fairs, etc.). □ A comprehensive and coordinated research-based school health wellness approach (e.g., alcohol and drug use prevention, HIV prevention, suicide, violence and tobacco use prevention) is utilized to improve the school climate. 	
CURRICULUM	School nurses are not aware of health education curriculum or requirements.	 School nurses keep abreast of relevant curriculum issues and initiatives. School nurses are knowledgeable of school district curriculum, especially health-related goals and content. 	 □ School nurses participate in the selection, development, delivery, and evaluation of health-related curriculum. □ School nurses work with teachers, counselors and other staff to provide classroom presentations as appropriate. 	
ATTENDANCE DATA	 Attendance data is not utilized by health services personnel to identify actual or potential health concerns in the school setting. 	Attendance data is utilized and reviewed by school nurses to identify actual or potential health concerns resulting in decreased absenteeism.	☐ A mechanism is in place to evaluate the impact of health promotion strategies/programs on absenteeism rates.	

	SCHOOL NURS	SE SERVICES PROGRAM	
CATEGORY		STATUS OF PROGRAM	
CATEGORY	Does Not Meet Standards	Meets Standards	Best Practice
SCHOOL NURSE SERVICES PROGRAM DEVELOPMENT	☐ There is no vision and mission statement.	 Vision and mission is developed and statements clearly address the needs of all students. The school nursing program is developed in accordance with current professional standards of practice in nursing and medicine and legal mandates. 	 □ Vision and mission statements, goals and objectives are reviewed at least annually and revised as necessary, in collaboration with program stakeholders, through the SWPAG. □ The school nursing program is strengthened by partnerships with higher institutes of learning and the placement of nursing students in schools. Evaluation of this partnership is ongoing.
SCHOOL NURSE SERVICES PROGRAM EVALUATION	☐ The school district does not evaluate the health services program.	 School nurses develop reports regarding health needs, resources and results of screenings. Reports are presented to school administration to demonstrate accountability for school health programs and monitoring of compliance with state mandates. School nurses actively engage in quality reviews to determine appropriate care standards. The school district performs periodic on- site monitoring. 	 □ School nurses collect data on utilization of health services. □ Outcomes and effectiveness of the school health program is evaluated through a collaborative group such as a School Health Advisory Council. □ Self-evaluation of practice is performed on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial. □ School nurses use reports and data to develop programs to improve the practice and delivery of school nurse services in the school and to improve the health and well-being of the community.
HEALTH SERVICES BUDGET	 The school district does not provide for input by school nurses into the budget process. The budget does not adequately support the activities of the school nurse program. 	 School nurses are involved in planning the budget. The school nursing program's annual budget is sufficient to support program and school district priorities. School nurses have sufficient release time for professional development activities in order to support program and department goals and objectives. 	School nurses are responsible for the management and allocation of the budget.

CATEGORY		STATUS OF PROGRAM	
	Does Not Meet Standards	Meets Standards	Best Practice
COMMUNITY RESOURCES	□ School nurses provide only brochures and handouts to families to meet health needs.	□ School health personnel utilize community resources for referral of students with unmet health needs (e.g., financial aid, vision care, and other insurance plans).	 Active collaboration and coordination occurs with community resources to address changing student and staff health, development and educational needs.
COLLABORATION AND CONSULTATION	 School nurses provide only minimal consultation with school staff and parents. There is little evidence of collaboration with other school staff. 	 □ School nurses respect the contributions of all members of school teams (e.g., IEP Team, Child Study team) and integrate the input and recommendations of all team members in making decisions. □ School nurses provide consultative services to parents, students, school personnel and other professionals. 	□ School nurses bring others together to make a team decision to better meet student and family needs.
ORGANIZATION AND MANAGEMENT	 □ There is no program organizational chart or the chart does not delineate relationship between the school nursing program, schools, student support teams (i.e., Child Study teams) and other departments. □ Work assignments do not take into consideration student acuity and needs or the school nurse's case load. 	 □ The program's organizational chart delineates the relationship between the school nursing program, schools, student support teams and other departments. □ The School Nurse Program Manager, working with the School Nurse Program Leadership Team, assumes responsibility for the administration of the school nursing program. The School Nurse Program Manager is allotted sufficient time, authority and opportunity to carry out this responsibility. □ School nurse caseloads are fair and equitable. □ All students have access to a school nurse. 	 □ The School Wellness Program Advisory Group, including representatives of school board members, superintendents, school nurses, community service providers and parents, advises the county on its delivery of nursing services. □ Work assignments of school nurses are based on: consideration of the full range of responsibilities and logistics (e.g., case load routine and emergency health needs of the student population; number of students requiring individualized health care plans, medication administration and other nursing interventions; attendance at team meetings; documentation requirements; and if applicable, the numbers of sites to be served supervision of assistive personnel and travel requirements.

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